

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10255

State File No.

Registrar's No.

336

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community 14 days, (TRANSIENT)
years, months or days)

3. (a) PRINT FULL NAME George O. Dean, 580

3. (b) If veteran, name war None, 3. (c) Social Security No. 43-07-2592

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased June 17, 1908,
(Month) (Day) (Year)

8. AGE: Years 31 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Albany, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer,

11. Industry or business General

12. Name Thomas L. Dean, 0

13. Birthplace Albany, Missouri,
(City, town, or county) (State or foreign country)

14. Maiden name Dora Newell, 9

15. Birthplace Unknown,
(City, town, or county) (State or foreign country)

16. (a) Informant Geis Dean

(b) Address Gentry, Missouri,

17. (a) Removal (b) Date thereof 3/25/40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albany, Mo.

18. (a) Signature of funeral director Buchanan Funeral

(b) Address 319 So. 10th Str.

19. (a) Mar. 25, 1940 (b) A. J. Swellbush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,
(c) City or town St. Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 717 Robidoux Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 day at years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th.
year 1940 hour 4:15p M.

21. I hereby certify that I attended the deceased from Mar-9
1940 to Mar-24- 1940
that I last saw him alive on Mar-24- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease
Unknown Cause

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 85

(b) Date of occurrence 3/25/40

(c) Where did injury occur? 85 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 85 (Specify type of place) (a) Means of injury 85

23. Signature T. L. Swellbush (M. D. or other) 1

Address 620 Prairie St. Date signed 3/25/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9572

Missouri,
St. Joseph,
W. V. Robinson Street,

Missouri, St. Joseph, 13 days
14 days,

George O. Dean,
None,

Male White Single

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed _____
Licensed Embalmer No. _____
P.O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1025-J

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 85-

Primary Registration District No. 1001

Registrar's No. 336

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME George O Dean

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 31 Months 9 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 5-29-40 (b) N. J. Hestibach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 24
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
19 _____ to _____ 19 _____

that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease
unknown cause

Due to Myocardial Infarct?

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
(Specify type of place) (c) Means of injury _____

23. Signature G. L. Howland (M. D. or other) _____
Address St. Joseph _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

S-10255 1940